

Name  
in  
Full

Catherine V. Allou

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bohemia Ferry Cecil

Town Month Day

Date of death 1909

Month

Day

County

Age 26

Years

Months

Days

Sex Female

Color or  
Race

Age

White

Months

Days

Occupation

Infant

Birth-  
place

Cecil Co. Md.

—

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Alonzo Allou

Father's  
Birthplace

Cecil Co. Md.

Mother's  
Maiden Name

Brassie Green

Mother's  
Birthplace

Cecil Co. Md.

Name of person giving  
Information

Alonzo Allou

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Diarrhoea

105

How long

2 or 3 weeks

Immediate

Exhaustion

How long

x

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

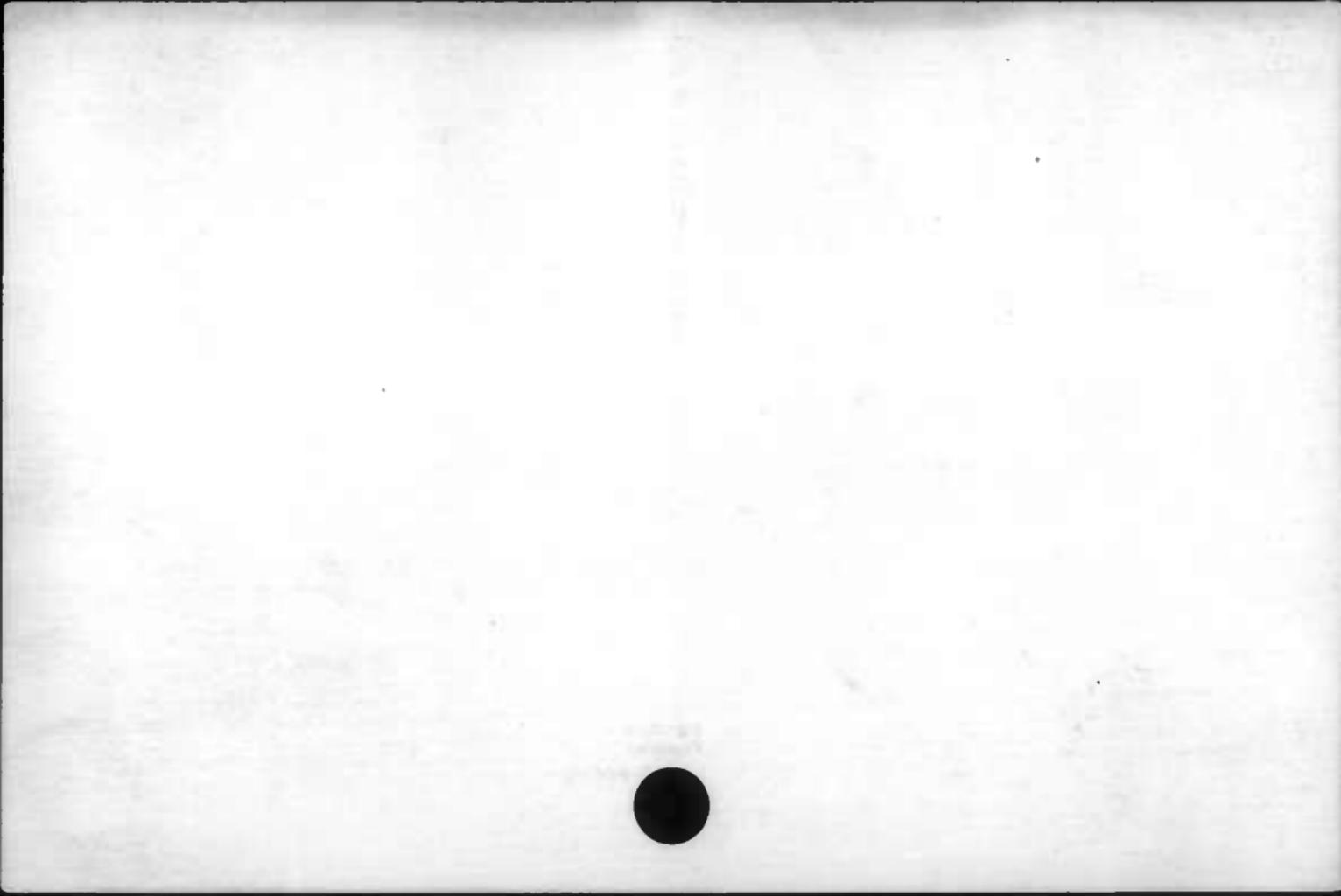
IBC Kersner

Chesapeake

PHYSICIAN  
OR CORONER

Yes

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Beers

CERTIFICATE OF DEATH

Died at Town County MARYLAND  
Providence Cecil  
Month Day Years Months Days  
Date of death 1909 Nov 25 Age 68 - -  
Sex Male Color or Birth-place Maryland  
Occupation Farmer Where Residing if not at place of death -  
Married, Single or Widowed Widower Name of Wife or Husband Catherine Beers  
Father's Name James Beers Father's Birthplace Beckwour  
Mother's Maiden Name Not Known Mother's Birthplace Ireland  
Name of person giving Information Mrs. Sarah Scarborough How related to deceased Daughter  
Information

CAUSES OF DEATH

Primary

Paralysis

66

How long

Immediate

Coma

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. J. Conner M.D.  
Cherry Hill, N.J.

Accident or Suicide

182

Name  
in  
Full

Mary J Biddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	20	
Occupation	Worked in Box factory in Baltimore			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas D Biddle			Father's Birthplace	md
Mother's Maiden Name	Mattie Kirk			Mother's Birthplace	md
Name of person giving Information	Thomas M Biddle			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis  
Expector

Immediata

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

27

How long

How long

3 or 4 months

Dr J. Cawley  
Electr. Eng.

country,

Name  
in  
Full

George Y. Boltow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Earleville Town Cecil County

Date of death 1909 Month 11 Day 19 Age 76 Years

Months — Days —

Sex Male

Color or Race

White

Birth-place Cecil Co. Md.

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Bennetta W. Boltow

Father's Name

John H. Boltow

Father's Birthplace

Del.

Mother's Maiden Name

Catherine Rulay

Mother's Birthplace

Cecil Co. Md.

Name of person giving  
Information

Bennetta W. Boltow

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Softening of Brain

65

How long

21 Years

Immediate

u

u

u

How long

Are the name, age, sex, color, date  
and place correctly given above?

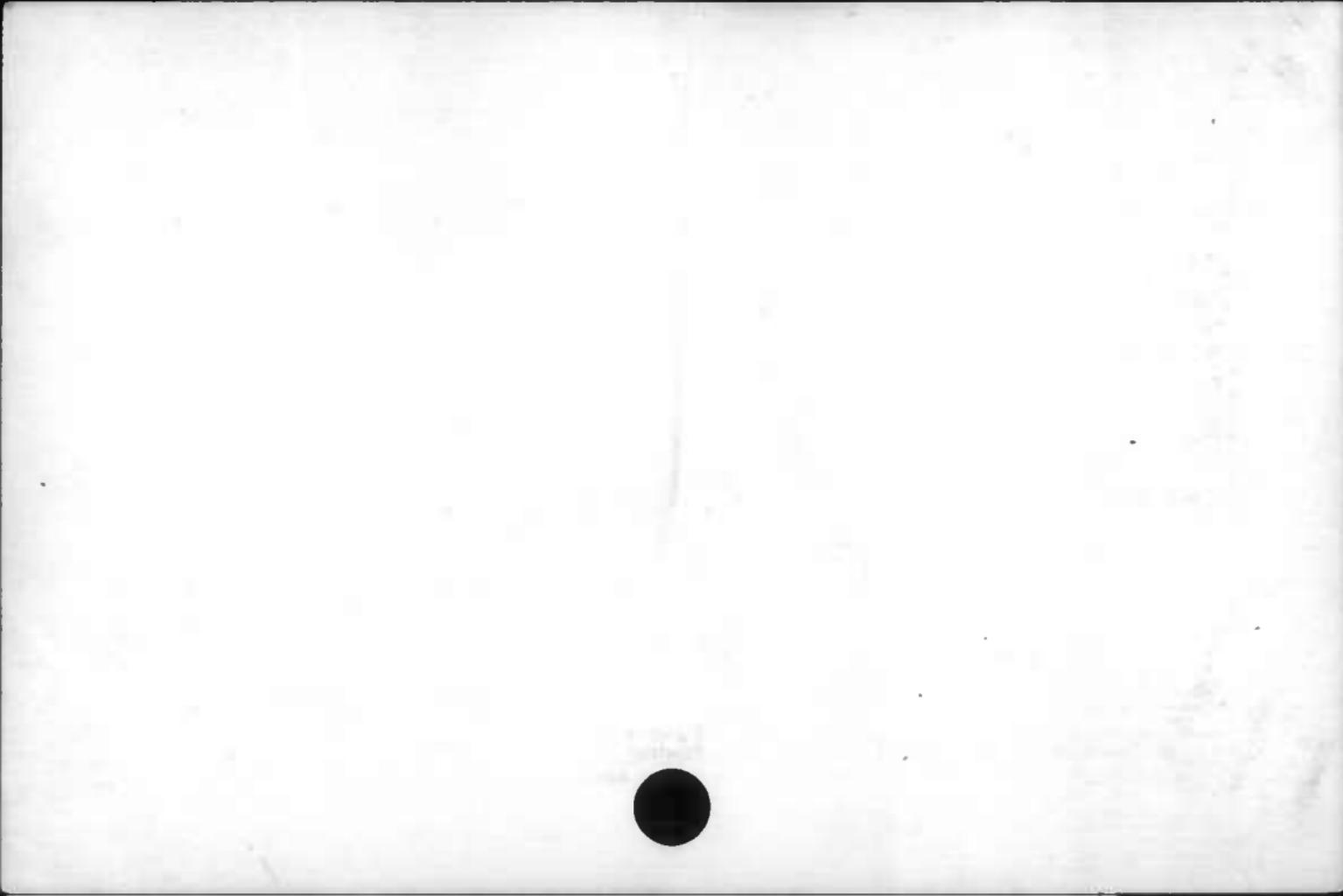
Signature of  
Physician

Address

E. H. Crawford  
deceased  
and

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sarah Ellen Burscino  
Rising Sun

Died at Town County  
Rising Sun Cecil  
Date of death Month Day Years Months Days  
1909 Nov 27 65 4 10  
Sex Female Color or Race  
Occupation None

CERTIFICATE OF DEATH

MARYLAND

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John T. Burscino

Father's  
Name

Jacob Krueger

Father's  
Birthplace

Rising Sun

Mother's  
Maiden Name

Rebecca Gunter

Mother's  
Birthplace

Rising Sun

Name of person giving  
Information

John T. Burscino

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Insanity

68

How long

Years

Immediate

Exhaustion

How long

Some weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John T. Burscino  
Rising Sun

Accident or Suicide



Name  
in  
Full

James Mc Casko

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Barkshole		own		County Lanc		MARYLAND		
Date of death 1909	Nov	Month 11	Day	Years Age 66	Months	Days		
Sex Male	Color or Race	white		Birth- place Dedham				
Occupation Farmer	Where Residing if not at place of death							
Married, Single or Widowed Married	Name of Wife or Husband Sarah Casko							
Father's Name George A Casko	Father's Birthplace New							
Mother's Maiden Name Eliza Ingote	Mother's Birthplace Ded							
Name of person giving Information Sarah Casko	How related to deceased Wife							
CAUSES OF DEATH								
Primary Heart failure	95							
Immediate Edema of lungs	How long Several months							
Are the name, age, sex, color, date and place correctly given above? Yes	How long 5 days							

PHYSICIAN  
OR CORONER

Signature of  
Physician

Address

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

Hudson Hatchester  
Elect Med.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Ann Chapman

Town

Hobburton School

County

Cecil

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date

of death

1909

Nov.

17

Age 82

7

17

Sex

Female

Color or  
Race

White

Birth-  
place

Chester Co. Pa.

Occupation

Not any

Where Residing if not  
at place of death

near  
Hobburton's School House

Married, Single  
or Widowed

Widow

Name of W~~ife~~  
Husband

George Chapman

Father's  
Birthplace

Penna

Father's  
Name

Ervin Shepard

Mother's  
Birthplace

Penna

Mother's  
Name

Sarah Ann Harris

How related  
to deceased

Daughter

Name of person giving  
Information

A. A. Van-Pelt

39

How long

Eight week,  
do

How long

CAUSES OF DEATH

Primary

Cancer in throat

Immediate

do

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

D. H. Richardson  
Calverton

Accident or Suicide



Name  
in  
Full

Amanda J. C. Ohee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Town, Month, Day, Year, Month, Days  
Died at Fredericktown, Cecil, 1909, 11, 14, 73, 1, 4  
Date of death 1909, Month 11, Day 14, Age 73  
Sex female, Color or Race white  
Occupation Housewife, Where Residing if not at place of death  
Married, Single or Widowed Widow, Name of Wife or Husband Benjamin F. C. Ohee Jr.  
Father's Name Can't learn, Father's Birthplace Can't learn  
Mother's Maiden Name Amanda Coveny, Mother's Birthplace Md.  
Name of person giving Information Lillian Kirk, How related to deceased, daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Congestion of lungs

24 hours

Immediate

Paralysis respiration

one hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

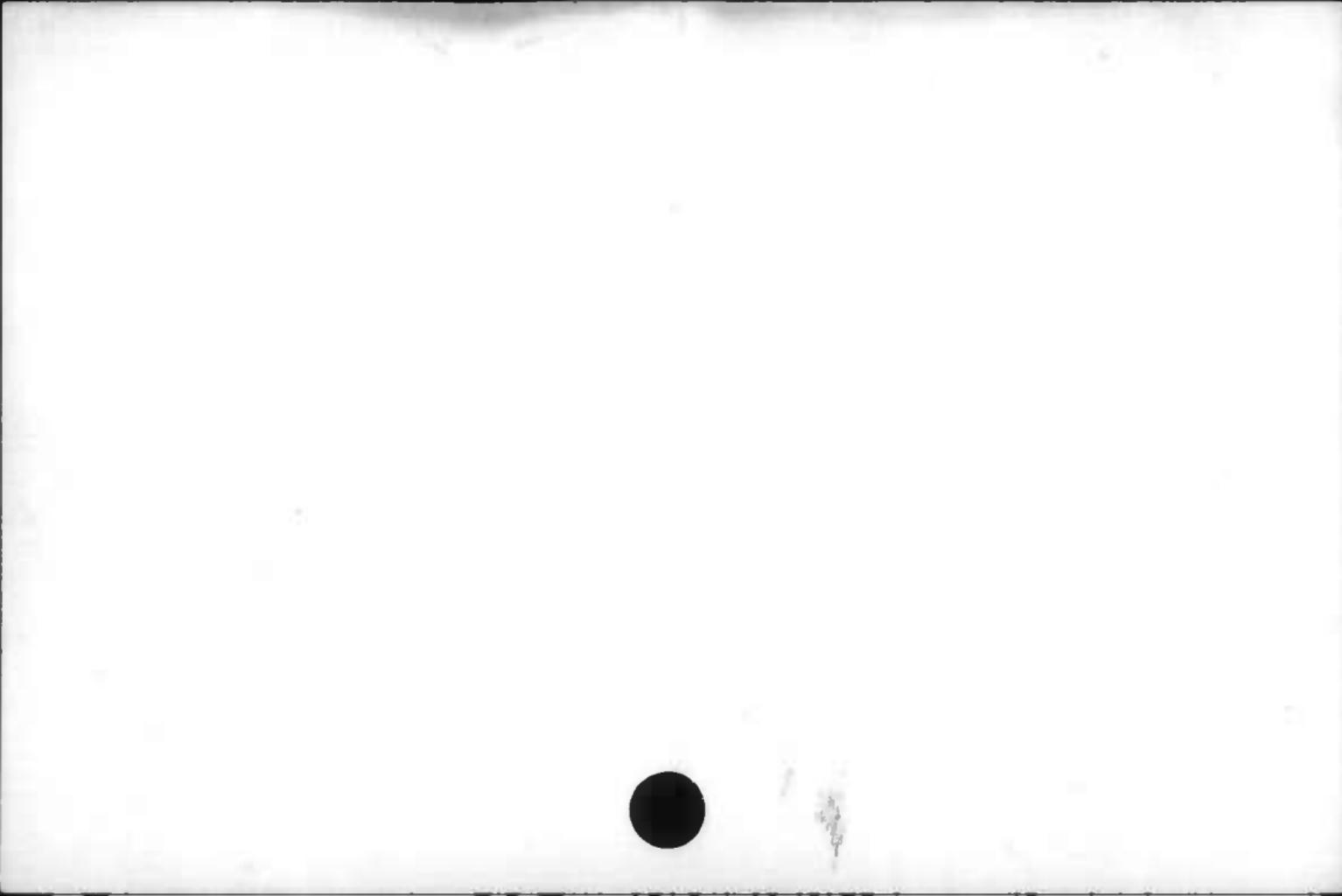
Address

J. Wm. Latimer  
Galena, Md.

95

How long

Accident or Suicide



Name  
in  
Full

Virginia B Creswell  
Principio

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Date  
of death

Month

Day

Years

MARYLAND

Days

1909

11

23

Age

27

Months

3

Days

—

Sex

Female  
Color or  
Race

White

Birth-  
place

Cecil Co

Occupation

Housewife

Where Reading if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Allen Creswell

Father's  
Birthplace

Cecil Co

Father's  
Name

Harvey Jackson

Mother's  
Birthplace

" "

Mother's  
Maiden Name

Sarah Battina

How related  
to deceased

Husband

Name of person giving  
Information

Allen Creswell

27

✓

How long

Year

How long

Primary

Tuberculosis

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Immediate

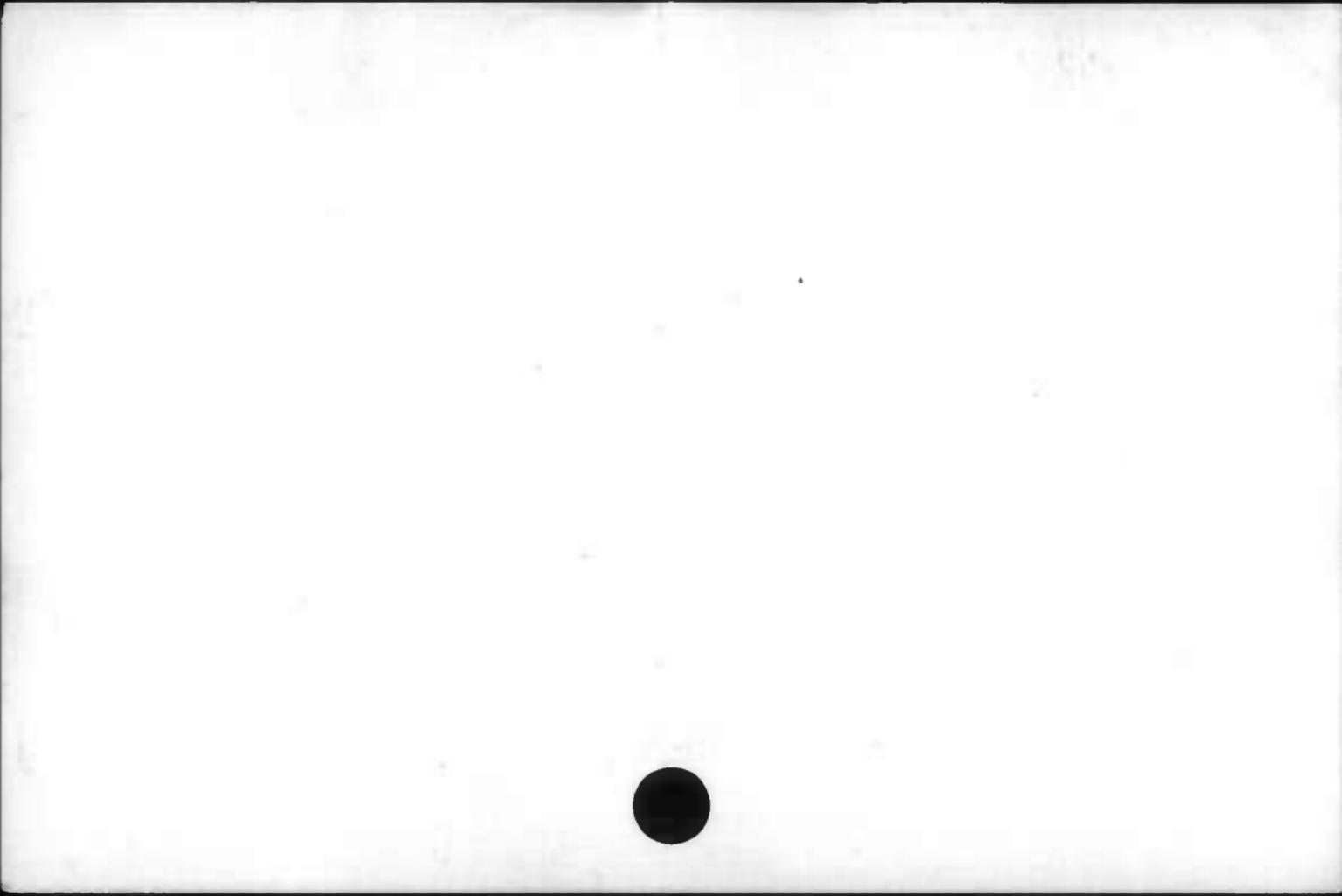
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. W. F. Tracy  
Princille, Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry Dyer

Town

Died at

County

CERTIFICATE OF DEATH

MARYLAND

Month

Day

Years

Date  
of death 190

9

8

—

Age

Month

Days

2

Days

Sex

Male

Color or  
Race

Poland

Birth-  
place

Piney

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Frank Dyer

Father's  
Birthplace

Father's  
Name

Frank Dyer

Cecil Co

Mother's  
Maiden Name

Mary Washington

Cecil Co

Name of person giving  
Information

Frank Dyer

Father

CAUSES OF DEATH

Primary

Malaria

31 days

Immediate

Acute inanition

How long

Are the name, age, sex, color, date  
and place correctly given above?

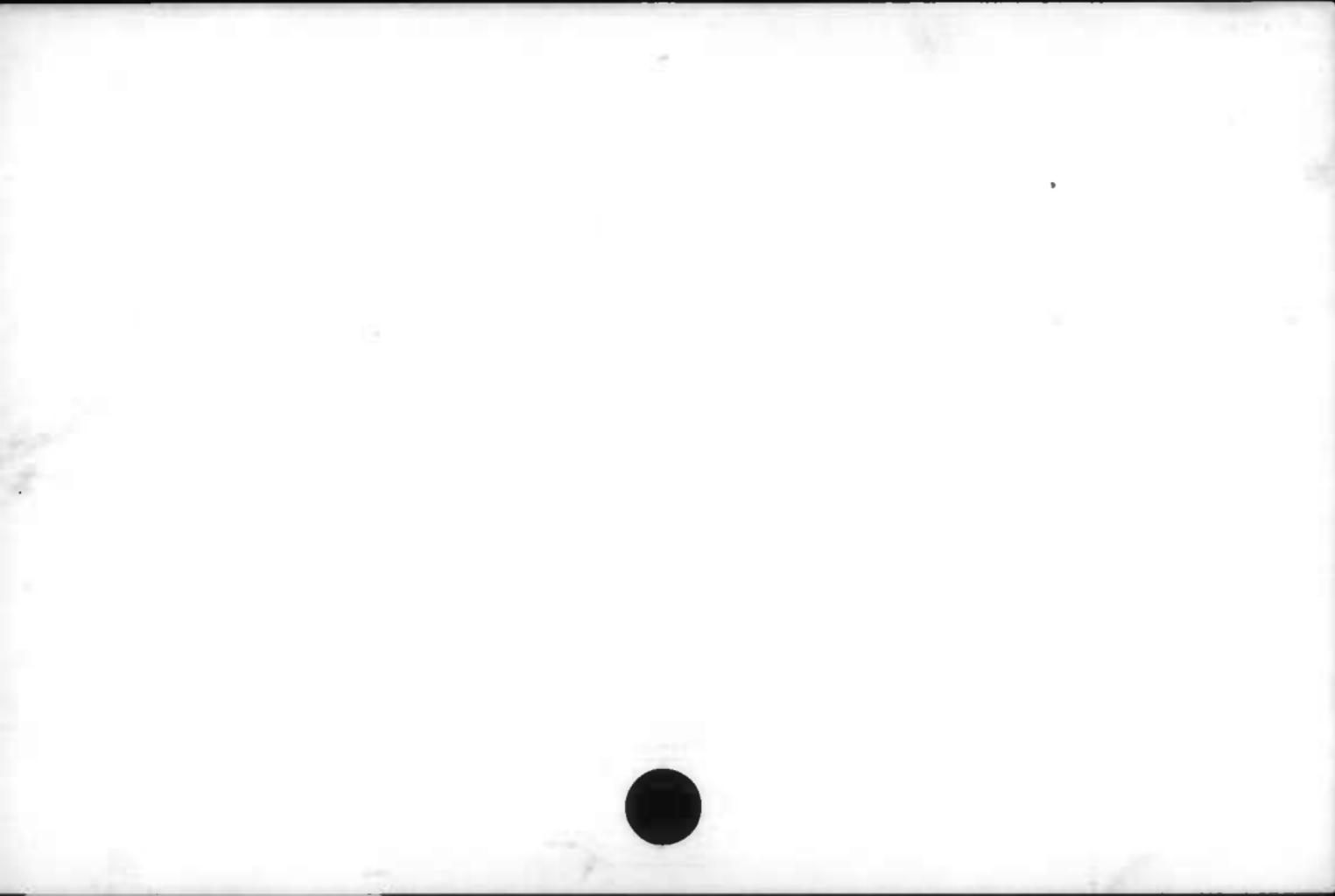
Jr.

Signature of  
Physician

Address

Clifford O. Lang MD  
Baltimore City  
MD

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Robert B Frazer Jr

CERTIFICATE OF DEATH

MARYLAND

Died at Elton Town      County Howard  
Date of death 1909 Month Nov Day 2      Age 24      Months      Days

Sex Male

Color or  
Race

White

Birth-  
place

Red

Occupation none

Where Reading if not  
et place of death

Married, Single  
or Widowed Single

Name of Wife or  
Husband —

Father's  
Birthplace

Red

Father's  
Name Robert B Frazer

Mother's  
Maiden Name Mary Simpson

Mother's  
Birthplace

Def

Name of person giving  
Information Mr Frazer

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis of lungs

27

How long

5 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

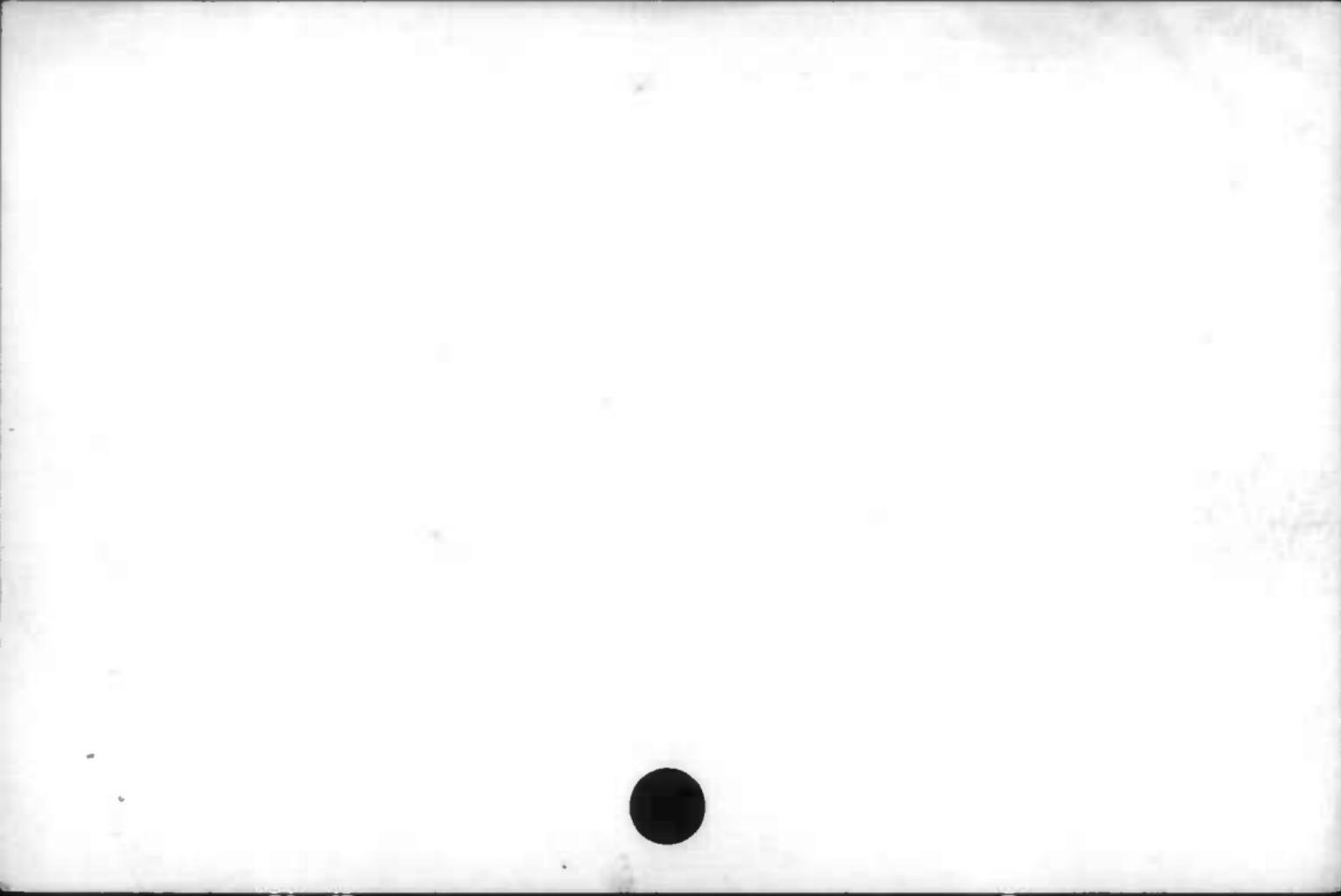
Signature of  
Physician

Address

Hannah Patchell Esq

Elton Md

Accident Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Zelmauna  
Backrun

Town

Hartsburn

County

CERTIFICATE OF DEATH

Died at

Backrun

Becht

MARYLAND

Date  
of death

1909

Month

Nov

Day

24

Years

Age

Months

10

Days

—

Sex

Zelma

Color or  
Race

Galard

Birth-  
place

Rock Run

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joseph Hartsburn

Father's  
Birthplace

Rock Run

Mother's  
Maiden Name

Amie Gandy

Mother's  
Birthplace

Rock

Name of person giving  
Information

Joseph Hartsburn

How related  
to deceased

Hather

CAUSES OF DEATH

93

How long

10 days

How long

48 hours

Primary

Pneumonia  
Heart Failure

Immediate

Yes  
No

Signature of  
Physician

Address

W. G. Zech  
Clarkton, Md.

Accident or Suicide



Name  
in  
Full

Alverda Hogans

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Neav Criciltob | County Cecil

MARYLAND

Date of death 1909 Month 11 Day 30 Age — Months 1 Days 6

Sex Female Color or Race Black

Birth-place Cecil Co. Ind.

Occupation —

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Colis Hogans

Father's  
Birthplace

Cecil Co. Ind.

Mother's  
Maiden Name

Mahalid Rice

Mother's  
Birthplace

Cecil Co. Ind.

Name of person giving  
Information

Colis Hogans

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Worshiping couger

(8)

How long

2 weeks

Immediate

Pneumonia

How long

1 day

PHYSICIAN  
OR CORONER

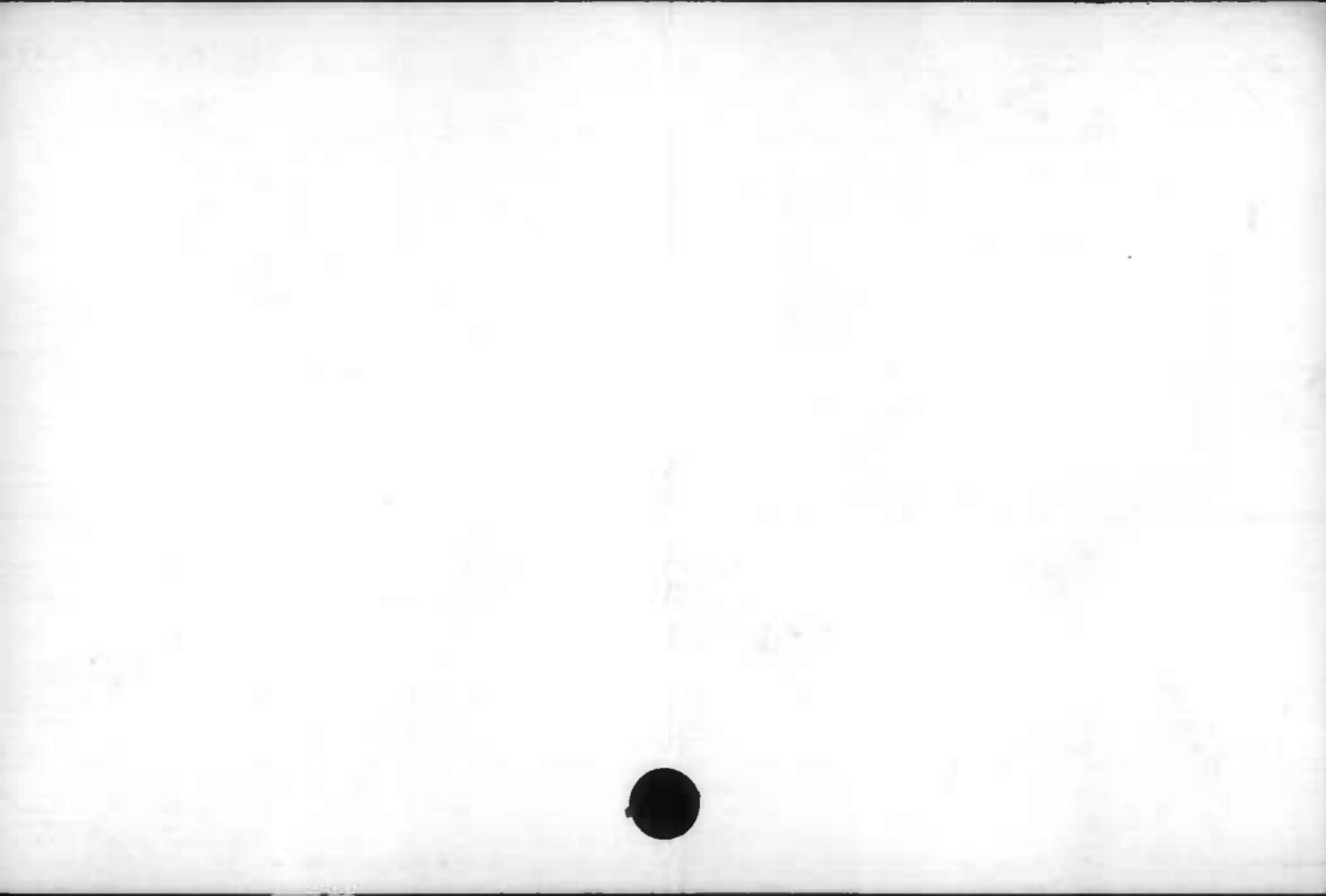
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. H. Bradford  
Lection and

Accident or Suicide



Name  
in  
Full

Samuel Howard Kimble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at  
Near Calvert Cecil

Town County

Date Month Day Years Months Days  
of death 1909 11 10 54 2 20

Sex Male Color or Race white  
Occupation Farmer Where Residing if not  
at place of death

Married, Single  
or Widowed Married Name of Wife or  
Husband

Amelia

Kimble

Father's Name John Kimble

John Co. Pa.

Mother's Maiden Name Lucy Jane Williamson

Perma

Name of person giving  
Information Emma Deaver

Perce

Primary

CAUSES OF DEATH

Paralysis

66

How long

3 hours

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. S. Richardson,  
Rising Sun,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Margaret Rebecca Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at ALTON Town County MARYLAND  
Date of death 1909 Month Dey Years Months Days  
10 10 10 10 10

Sex Female Color or Race white Birth-place MD  
Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Edward Lynch

Father's  
Birthplace

Mother's  
Maiden Name

Viola Phillips

Mother's  
Birthplace

Name of person giving  
Information

Edward Lynch

How related  
to deceased

Primary

CAUSES OF DEATH

Star. Colitis

105

How long

Immediate

Typhimia

Unknown

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

Montgomery  
County  
Elect  
MD

—  
hawley

Name  
in  
Full

Dennis M. Courtney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

Alms House

County

Cecil

Date  
of death

1909

Month

Nov

Day

10

Years

Age 73

Montha

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pennsylvania  
No information

Occupation

No information

Where Residing if not  
at place of death

Married, Single  
or Widowed

No information

Name of Wife or  
Husband

Father's  
Name

No information

Father's  
Birthplace

Mother's  
Maiden Name

No information

Mother's  
Birthplace

Name of person giving  
Information

Sam'l A. Taylor

How related  
to deceased

79

How long

Don't know  
1 week

Primary

Mitral insufficiency

Immediata

Heart failure

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Winfred A. Morrison  
Elkton, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

289

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Moore

CERTIFICATE OF DEATH

MARYLAND

Died at Albermarle Co.

Date of death 1909 Month 11 Day 3

Years 85

Months Dey's

Sex Female Color or Race white

Birth-place Pa

Occupation

Where Residing if not  
at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Samuel Moore

Father's Birthplace

Mother's Maiden Name

Deceased

Name of person giving Information

Unstainable  
Unstainable  
Unstainable

CAUSES OF DEATH

154

How long

Primary

Old age

✓

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

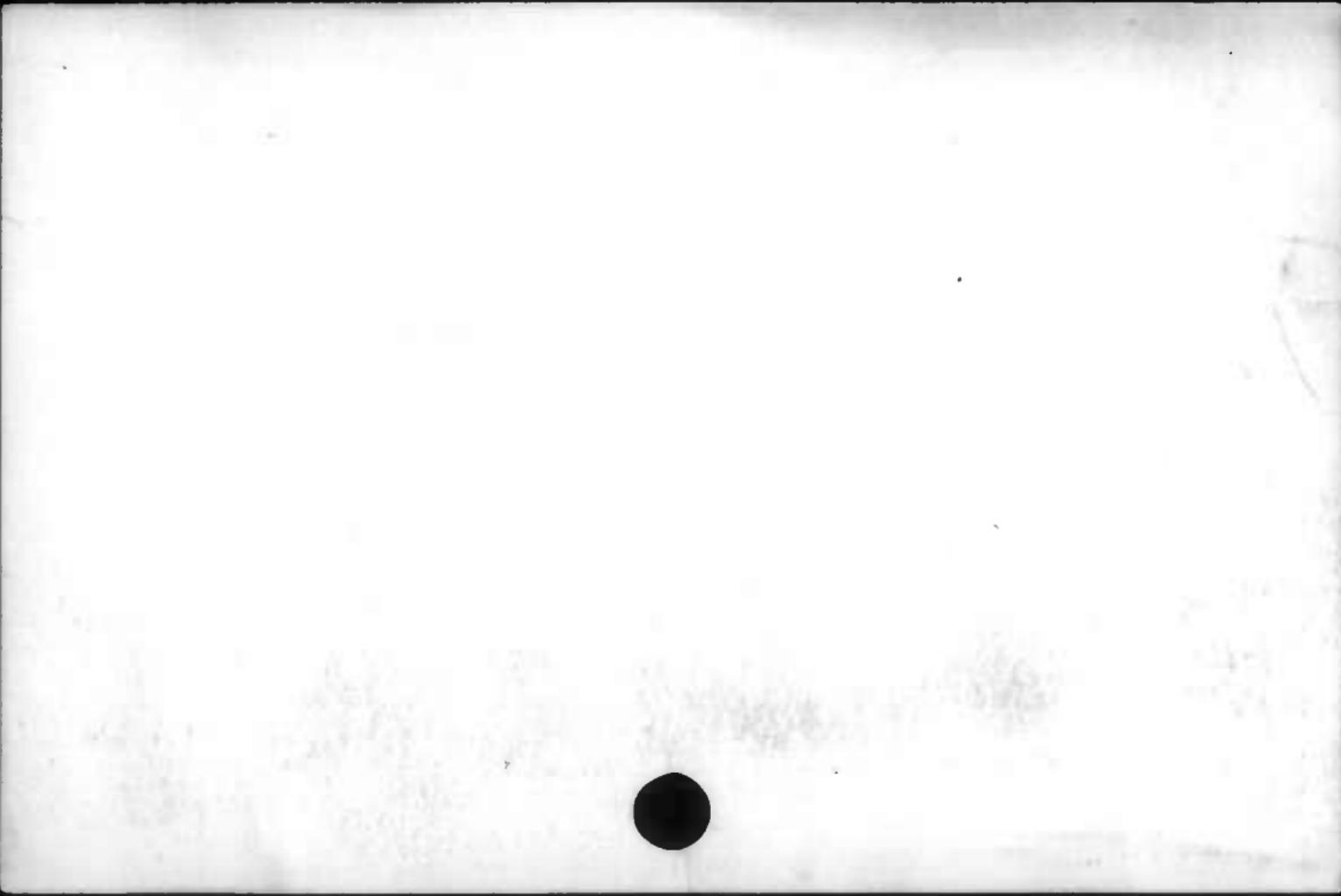
Yes

Signature of  
Physician

Address

W. T. Morrison  
Elkton Md.

Accident or Suicide



Name  
in  
Full

Dr. Joseph W. Reynolds,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Rising sun, R.F.D.		Cecil		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Nov.	25	Age 75			
Sex	Male	Color or Race	White	Birth-place	Lan. Co. Penna.	
Occupation			Where Residing if not at place of death	Residence,		
Phys. & Farmer						
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Reynolds,			
Father's Name	Josiah Reynolds			Father's Birthplace	Penns.	
Mother's Maiden Name	Mary Sweigert			Mother's Birthplace	Penns.	
Name of person giving Information	Eli T. Reynolds			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer Stomach & bowels

40

How long

3 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

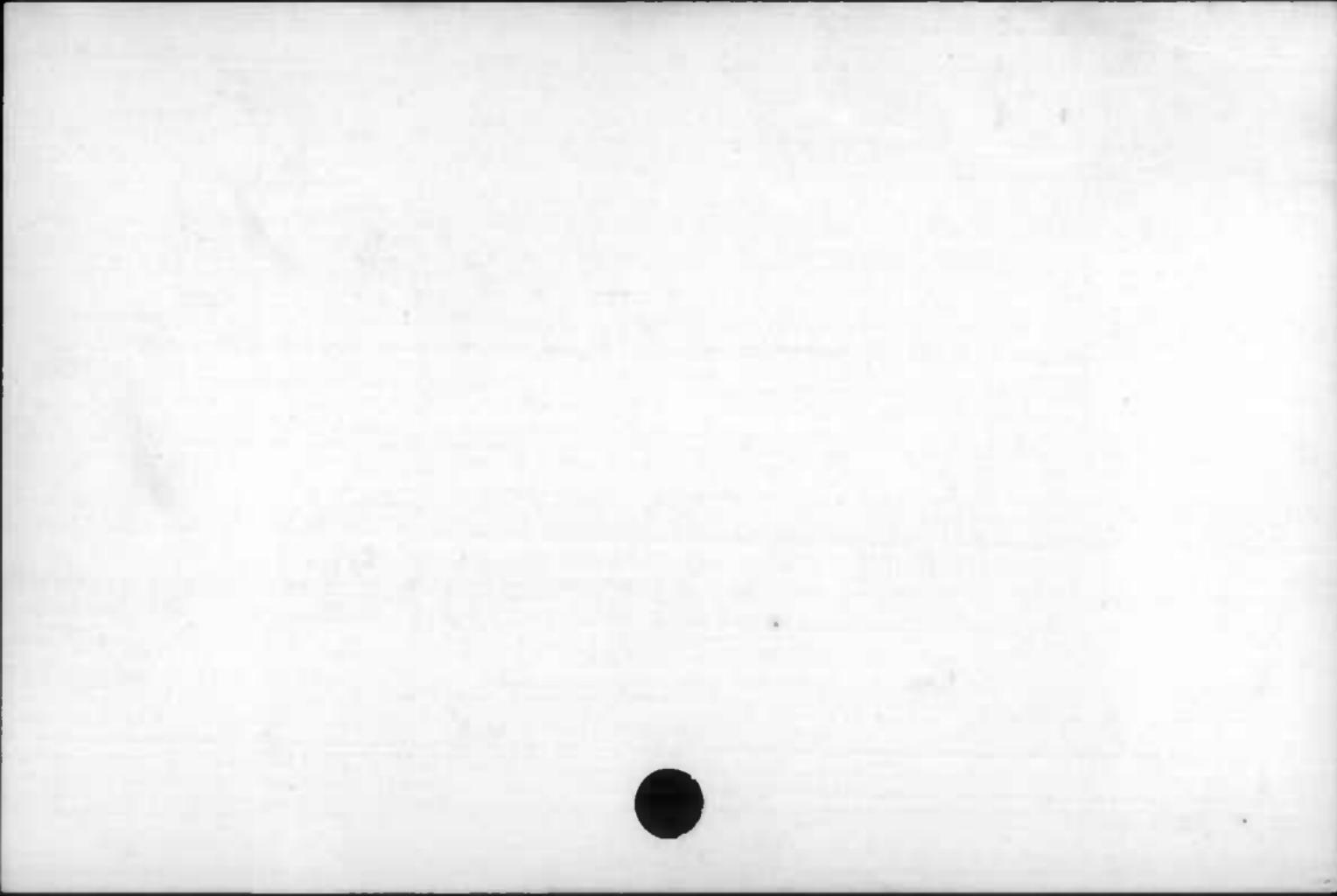
yes

Signature of Physician

Address

J. A. Peoples M.D.  
Stark Mills  
(Lanc Co) Duran

Accident - Suicide?



Name  
in  
Full

James Roe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Wax Warriet Town Cecil County MARYLAND  
Date of death 1909 Month 11 Day 24 Age 72 Years — Months — Days 5  
Sex Male Color or Race white Birthplace Maryland  
Occupation farmer Where Residing if not at place of death  
Married, Single or Widowed — Name of Wife or Husband  
Father's Name Sylvester Roe Father's Birthplace Jamestown Co Maryland  
Mother's Maiden Name Mary Calder Mother's Birthplace Jamestown Co Maryland  
Name of person giving Information Geo W. Redgrave How related to deceased Nephew

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

(27)

How long

3 mths.

How long

Immediate

Pneumone Phthisis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E.M. Vaughan  
Middle Town Del

Accident or Suicide



Name  
in  
Full

Henry Tay Shadley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Town County  
Chesapeake City Cecil

Date of death Month Day Years Months Days  
1909 Nov 1 72 2 16

Sex Race Color or Race Birth-place  
Male - - - - Cecil County

Occupation  
Fisher

Where Reading if not  
at place of death

Married, Single or Widowed Name of Wife or Husband  
Married Ellistha

Father's Name  
Henry Tay Shadley

Mother's Name  
Anna Riley

Name of person giving  
Information  
Mrs Anna T. T. Shadley

Father's  
Birthplace

Mother's  
Birthplace

How related  
to deceased

114

How long

How long

Primary

Obstructive Jaundice

about 2 months

Immediate

coma - due to Cholesterinosis + uremia

3 day s.

Are the name, age, sex, color, date  
and place correctly given above?

Y.S.

Signature of  
Physician

Address

Plethora Chas. M.D.  
Clearfrook City M.D.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ann Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Elkton		Town	County	MARYLAND					
Date of death	1909	Month	Nov	Day	26	Years	67	Months	7	Days
Sex	Female	Color or Race	white		Birth-place	2nd				
Occupation	Housewife		Where Residing if not at place of death							
Married, Single or Widowed	Widowed	Name of Wife or Husband	James Short							
Father's Name	Mr. Deekins			Father's Birthplace	Pa					
Mother's Maiden Name	Sarah Ann Hill			Mother's Birthplace	md					
Name of person giving information	Mrs. Day			How related to deceased	Daughter					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Bright's Disease

120

How long about 1 yr.

Immediate

Heart Failure

How long

udden

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mr. Deawley  
Elkton  
md

Accident or Suicide?

Internal  
Boulders chafed

- - -  
D. & P.  
- - -

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Edward B. Smith

Town

County

Died near Bay-Brew

Day

Years

Date of death 1909

Month

8

Age

77

Months

Days

11

3

Nov.

Color or  
Race

White

Birth-  
place

Connecticut

Sex Male

Occupation Farmer

Where Residing if not  
at place of death

near Bay-Brew

Married, Single  
or Widowed

Widower

Name of Wife on  
Husband

Hannah

Smith

Father's  
Name

Seyman J. Smith

Father's  
Birthplace

Connecticut

Mother's  
Maiden Name

Julia Bissel

Mother's  
Birthplace

Connecticut

Name of person giving  
Information

Susan G. Smith

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Syphilitic Hernia

108

How long

12 hours

Immediate

Syphilitic

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

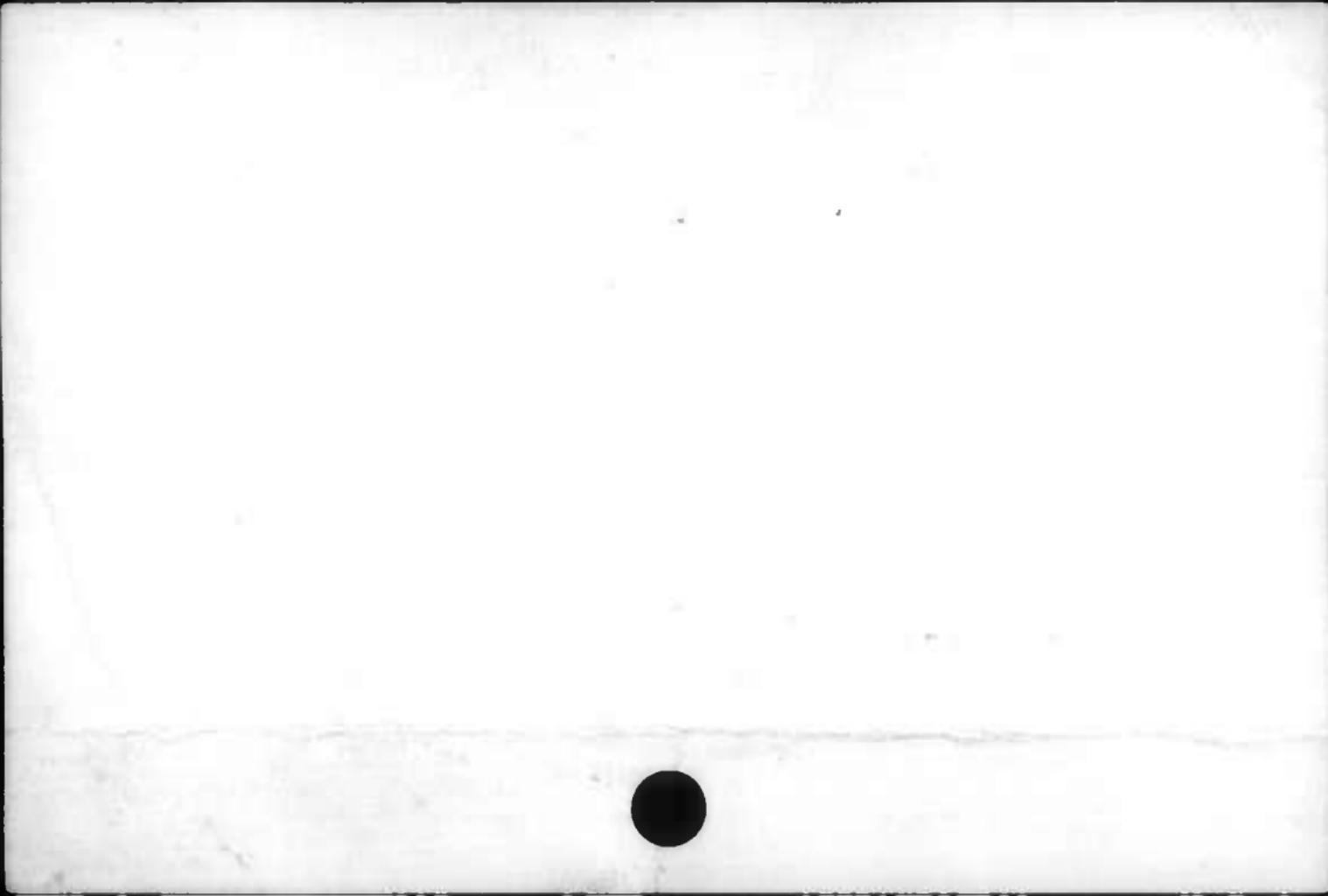
Address

Was operated on  
or not

I 2 Gaffore  
Dinkin  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Joseph Veasey Thompson

Town

County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at North East

Day

Years

Month

Days

Date of death 1909 Nov. 26. Age 64

Sex Male

Color or  
Race

white

Birth-  
place

North East

Occupation

Basket Maker

Where Residing if not  
at place of death

North East

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Annie L. Thompson.

Father's  
Name

Marshall Thompson

Father's  
Birthplace

North East.

Mother's  
Maiden Name

Mary A. Veasey.

Mother's  
Birthplace

not known

Name of person giving  
Information

Mrs. L. D. George

How related  
to deceased

Daughter

CAUSES OF DEATH

79

How long

Primary

Spannular Cervina - Milia regurgitans

Immediate Cause of Death

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

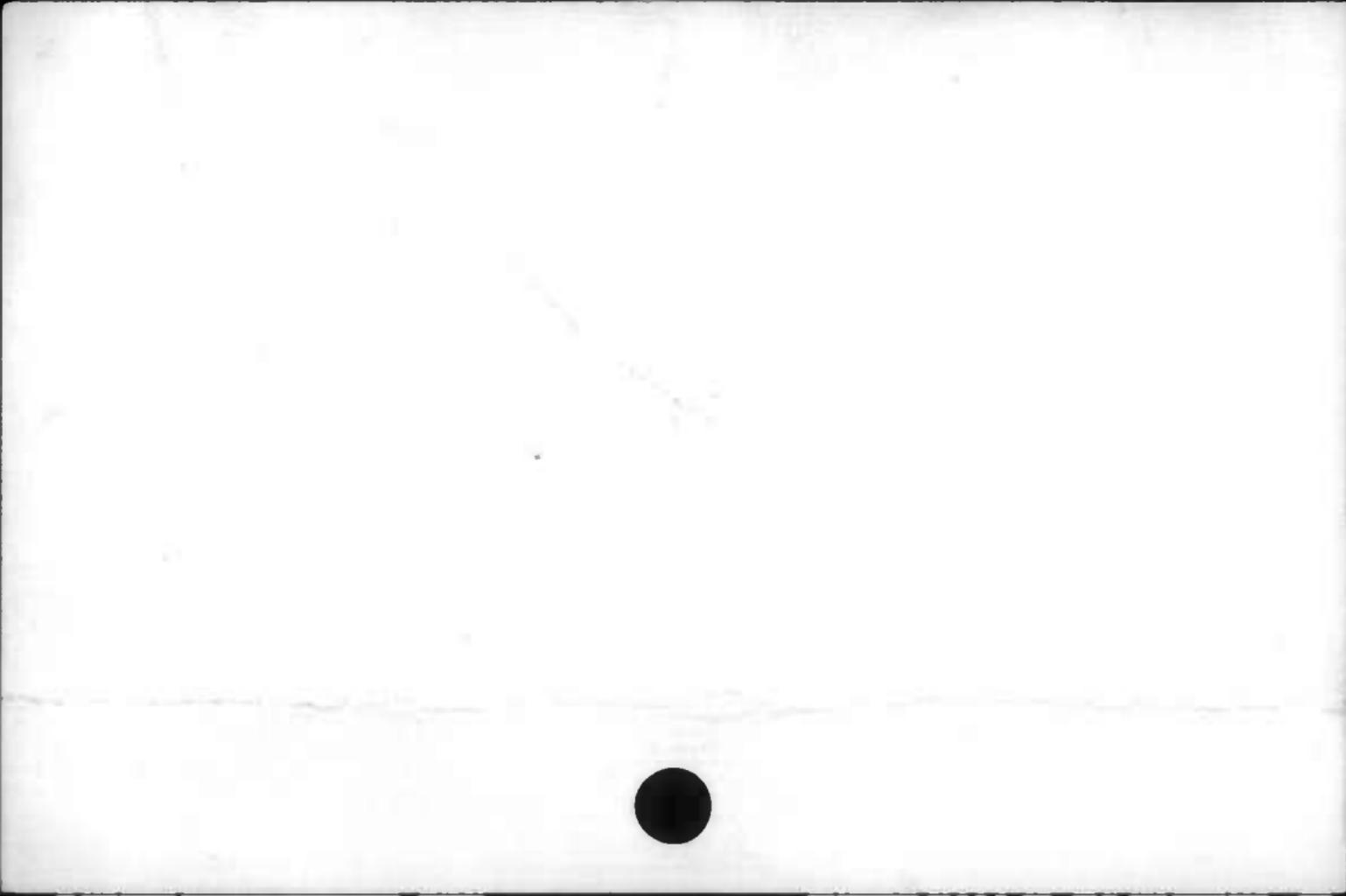
Address

H. C. Cantwell, M.D.

North East,  
Maryland.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Addie R Wilson,  
Town Perryville County Cecil

CERTIFICATE OF DEATH

MARYLAND

Died at Perryville Month 29 Years 44 Months 9 Days  
Date of death 1909/11 Age Birthplace Cecil Co

Sex Female Color or Race White  
Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband William A Wilson

Father's Name Geo Alexander

Mother's Maiden Name Sarah Galey

Name of person giving Information William A Wilson

Father's Birthplace Maryland

Mother's Birthplace Phila Pa

How related to deceased Husband

79

How long  
Died suddenly  
How long

CAUSES OF DEATH

Primary

Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Dr. W. H. Hump  
Perryville Md.

Accident or Suicide



Name  
in  
Full

Martha Ann Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Nov	Day 22	Years 88	Month 6	Days
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	- Housewife		Where Residing if not at place of death	resided & died in Elkhorn		
Married, Single or Widowed	widow		Name of Wife or Husband	Elijah Wilson		
Father's Name	Anna		Father's Birthplace	Md		
Mother's Maiden Name	Johnson		Mother's Birthplace	Md		
Name of person giving information	Mrs Anna Hague		How related to deceased	Daughter		

CAUSES OF DEATH

Primary

Infirmities of age

Immediate

drink

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

106

How long

Several years

How long

Several days

Howard Brannon -  
Elkhorn Md

Accident or Suicide



Name  
in  
Full

Infant not named Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Town New Cecilton

County Cecil

Date of death 1909 Month 11 Day 18 Age 0 Years 0 Months 0 Days 1

Sex male

Color or Race

Negro

Birth-place

Md

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Geo. Young

Father's  
Birthplace

Md

Mother's  
Maiden Name

Maudie Thompson

Mother's  
Birthplace

Md

Name of person giving  
Information

Geo. Young

How related  
to deceased

Father

CAUSES OF DEATH

151

How long

How long

PHYSICIAN  
OR CORONER

Primary

Signature of  
Physician

Address

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

No. Dr in attendance  
J. & Blaet  
Sub Registrar

Accident or Suicide

